



FAMILY DISCOUNT AWARD APPEAL FORM

Academic Year 2024-2025

DIRECTIONS — Undergraduate must list the names of the relative(s) who are currently enrolled at Saint Martin's University. We will verify their enrollment and determine your eligibility for the renewable \$1,000 Family Discount Award. A new form each academic year is required to receive this.

Return this form to:
Office of Financial Aid – Old Main 250
Email: Finaid@stmartin.edu
Phone: (360) 688-2150
Upload via Secure Drop Box:



PART A - Student Information		
Name (last, first, middle initial)	Student ID# 000	Phone (include area code)
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)		
PART B – Family Member Information		
Name of Family Member(s)	Relationship to Student	Family Member(s) Year in School
<i>Please note: This form cannot be used for more than one award. Each family member enrolled at Saint Martin's University must complete this form in order to receive the Family Discount Award.</i>		
Student Signature X	Date	

Office of Financial Aid Use Only:
Scanned to Jbod: _____
Processed by: _____
Global Comments in PFAIDS: _____